Give names and addresses of three persons, other than relatives, in City of Memphis who have knowledge of character, experience, or ability.

NAME	MAILING ADDRESS	OCCUPATION	FIRM CONNECTED W
MRS. LILIAN JONES	1230 CANADA MEMPHIS TENN. 38106	TEACHE	
REV. W.H. MORRIS	2362 HEARD AVE. MEMPHIS TENN.	PASTOR.	
MR. CHAS. EPPS	1216 RAYNER MEMPHIS TENN. 38106	POSTAL CLERK	

What prompts you to make application for this position? PRIOR TRAINING AND WORK I THE FIELD OF LAW ENFORCEMENT AND A DESIRE TO SERVE THE PEOPLE OF MEMPHIS AND MY COUNTRY.

You may indicate any experience and training you have had which in your opinion would qualify you particularly the position you seek.

COMPLETED MILITARY POLICE SCHOOL AT FT. GORDON, GEORGIA SERVED AS A MILITARY POLICEMAN FOR THREE YEARS.

NO Are you now, or have you ever been a member of the Communist Party, U.S.A. or any Communist organizatio . Are you now, or have you ever been a member of a Fascist organization? NO . Are you now, or ha you ever been a member of any foreign or domestic organization, association, movement, group or combination of perso which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approvi the commission of acts of force or violence to deny other persons their rights under the Constitution of the United Stat or which seeks to alter the form of government of the United States by unconsitutional means? NO .

I hereby certify that the statements in this application are true and complete. I realize that they will be investigat and that any misrepresentation will cause my application to be rejected.

6/19/67
(Date)

Russell McCullough
(Signature of Applicant)

Social Security Number 428-86-3061

Attac
inche
Phot
prio
If ad
this

not larger than 3x
a pack of photograph
more than six month

attach it securely t

THIS FORM MUST BE RETURNED IN PERSON TO THE CITY OF MEMPHIS PERSONNEL DIVISION OFFICE.

Have you had any military service with the United States? YES If so, list branch ARMY (MILITARY POLICE) Dates of Service 1964 (MARCH) 1967 (FEB

Type of Discharge: Honorable YES Dishonorable _____ Other _____

Are you receiving a pension from any governmental agency? Yes _____ No ✓

If "YES" give the Name of Agency _____

Do you claim Military Preference? Yes _____ No _____

In the following blanks, give a complete record of employment you have had for the past five years. Explain all major periods of unemployment. Begin with your present position and work back. Include time spent in the armed services and show organizations and locations served. Attach an additional sheet if necessary.

May we consult your present employer? YES

DATES Month Year	Name and Mailing Address of Employer	Name of Position—Description of Duties—Reason for Leaving	Monthly Salary
From: MARCH 1967	MEMPHIS SASH & DOOR CO. 3850 AIR PARK ST. MEMPHIS TENN.		First: $200.00 A1.40 PER HR.
To: PRESENT			Last: 250 $1.50 PER HOUR
From: MARCH 1964	CO. B - 5TH BN 2ND TNG RGT.		First: 78.00
To: MAY 1964	BASIC TRAINING TRANSFERE		Last: 75.00
From: MAY 1964	CO. A 10TH BN 4TH TNG REG.		First: 87.00
To: JULY 1964	MILITARY POLICE SCHOOL TRANSFERE		Last: 87.00
From: JULY 1964	572 MILITARY POLICE CO		First: 120.00
To: MAY 1965	FT. RITCHIE MARYLAND		Last: 120.00
From: JUNE 1965	CO. A 709 M.P. BN.		First: $187.00
To: OCTOBER 1965	A.P.O NEW YORK 09757		Last: 187.00

~~Lee Littlewalter~~ (GERMANY)

Date of Birth MAY 13, 1944 (Barron)

Age 23

Height 5' 11" Weight 180

Single YES Widowed _____ Married _____ Divorced _____ Separated _____

Give full name of wife or husband NONE _____ Occupation of wife or husband ✓

Name and age of children, if any, and list number of other dependents:

FULL

PARTIAL

Do you wear glasses? NO Do you have any handicap or defect? NO If so, explain

What serious illnesses have you had during the past five years NONE

Do you drink intoxicating liquors? In excess? moderately? ✓

If you have ever been in the service of the city, county, state or federal government any time, state in what capacity, whe
and why you left the service: NONE

Length of residence in this city: Immediately prior to filing application FIVE MONTHS

Have you ever been an applicant with the City of Memphis before? NO

Total lifetime residence in this city FIVE MONTHS

Do you own property in this city? NO Do you owe any delinquent city taxes? NO

List three business firms as credit references:

MEMPHIS SASH AND DOOR COMPANY 3850 AIRPARK ST MEMPHIS, TEN
SOUTH BELLEVUE MARINES 2598 SOUTH BELLEVUE, MEMPHIS, TENN

Specify any arrests (including traffic arrests). State date, name of court, location, nature of offense, and disposition of ca

NONE

(Failure to admit arrests will disqualify you for employment)

Have you ever been a defendant in any court action? NO

Have you ever been sued for a debt, or garnished? NO

What are your hobbies or special interests? PHOTOGRAPHY

Have your employers usually treated you right? YES Give names of any relatives now in the City ser
indicating relationship: NONE

Were you ever a Boy Scout or Girl Scout? NO If so, what rank did you reach?

Form PD-1

Please use INK or TYPEWRITER. (Check in the appropriate spaces where necessary. Use a separate sheet if needed for other details.

APPLICATION FOR EMPLOYMENT

CITY OF MEMPHIS — PERSONNEL DIVISION

IDENTIFICATION No. (Applicant must not write in this space)

18455

6/24/67 Interview 8:30

Name Mc COLLOUGH MARRELL (R.M.J.)
(Last) (First) (Middle) (Maiden, if any)

Address 1230 CANNON MEMPHIS
(Street) (City) (Telephone)

Position desired: POLICEMAN Would you accept temporary work? YES

When could you report for duty if employed? IMMEDIAT

Schools Attended —	Name and Location	Last Grade Completed / Dates Attended	Graduate	Degree	Year
Grade School	MT. ZION SENATOBIA, MISS.	1958-1959	YES		OK Barring
High School	WALKER COLDWATER, MISS.	1959-1960			
College	TATE CO. HIGH COLDWATER, MISS.	1960-1963			
Others, such as: Nurses Training, Business School, Night School, Correspondence, Specialized Schools in Armed Forces, Veteran's Training	DELTA CENTER WALLS, MISS.	1963-1967	YES	DIPLOMA	1967
	CLAYTON HIGH CLAYTON, MO.	1962-1963	NO		

Indicate college subject in which you have 12 or more semester hours credit: NONE

List collegiate scholastic honors: NONE

List any commercial or vocational courses you have had in school: INDUSTRIAL ARTS I

List any craft or trade for which you have completed apprenticeship training: NONE

List equipment or machines you operate skillfully: LOADING TRACTOR (FORK LIFT); fairly well

List any operator's licenses you may hold: (Auto) Type COMMERCIAL No. 1575848-Miss

Type No. If qualified in stenography or typing, state speed in words per minute: Dictation Typing

Form PD-4

Payrolls indicating a changed status cannot be processed before approval of this form.

CITY OF MEMPHIS—PERSONNEL DIVISION

CHANGE IN EMPLOYEE STATUS

Submit original and four copies to the Personnel Division.

USE THIS FORM TO REPORT OR REQUEST:

Return to Duty ☐ Name Change ☐ Salary Change ☐ Transfer ☐ Demotion ☐ Retirement ☐ Leave of Absence ☐ Suspension ☐ Lay-Off ☐ Dismissal ☐ Death ☐ Resignation ☐ Class Title Change ☐ Certification after Working Test Period ☐ End of Temporary Appointment

1. Name of Employee	2. Social Security No.	3. Present Class Title:	4. Present Civil Service Status of Employee:
McCollough, Marrell (nmn)	428-86-3061	Patrolman II (Grade #20)	☒ Permanent ☐ Probationary ☐ Emergency ☐ Provisional ☐ Temporary

5. Agency and Organization Unit:	6. Pers. Trans. No.	7. Place of Work:	8. Effective Date
Police Dept. #2130 Criminal Investig. Bureau	7889	Police Dept.	6-14-74

All changes in employee status must be explained by suitable entries in the items below. The appointing authority submitting this form must sign in item 24 in every case

Check Action	Substantiating Information for Change
☐ Name Change	8. Change to: Name
☐ Class Title Change	9. Change to: Reason: By:
☐ Salary Change	10. Present cash rate: Present maint. value: 11. Proposed cash rate: Proposed maint. value: 12. Date last sal. change:
☐ Certification After Probation	I certify that the above-named employee has successfully completed his or her working test period, and I recommend that he or she receive full civil service status.
☒ Separation From Pay Roll	Check one: ☐ Death (use items 13, 14, 15) ☐ Dismissal (use items 13, 14, 15, 16) ☐ Layoff (use items 13, 14, 15, 16) ☐ Leave of absence (use items 13, 14, 15, 17) ☒ Resignation (use items 13, 14, 15) ☐ End of Temporary Appointment (use items 13, 14, 15) ☐ Suspension (use items 13, 14, 15, 16, 17) ☐ Retirement (use items 13, 14, 15, 16)

13. TO APPOINTING AUTHORITY: In all cases of Suspension, Dismissal, Lay Off or Retirement, the appointing authority must indicate below the details of and reasons for the action and must notify the employee of the action being taken. No reasons are required for Dismissals during the working test period. In all cases of Death give cause of death below. If more space is needed use the back of this form. In all cases of Resignation or Request for Leave, the employee must give the reasons for the action and sign below.

TO EMPLOYEE: Any regular permanent employee who believes that he has been dismissed without just cause, may, within ten (10) days after such action, request in writing a hearing and the Civil Service Commission shall grant the employee a hearing within fifteen (15) days after receipt of request. RESIGNED TO ACCEPT JOB AS SECURITY OFFICER IN WASHINGTON, D.C.

*PAY ALL DUE ON PAYROLL PERIOD #11, WHICH IS AS FOLLOWS:

*TOTAL OF 211 HRS.

HOLIDAY PAY: 16 HRS.
REGULAR TIME: 16 HRS.
VACATION PAY: 80 HRS.
ACCRUED VACATION: 40 HRS.
ACCUMULATED TIME: 59 HRS.
TOTAL 211 HRS.

Employee's signature (for Resignation):

14. Last day at work:	15. Last day on payroll:	16. Method and date of notice to employee Suspension, Dismissal, Layoff, Retirement	17. Length of Leave or Suspension:
5-12-74	6-13-74		From ____ To ____

☐ Transfer ☐ Demotion

To initiate a Transfer or Demotion, describe the position to be filled in the space below and fill in items 19 and 20. In all cases of Transfer, obtain the necessary signatures in items 21 and 22. In all cases of Demotion, give the reasons therefor in the space ABOVE under separations and fill in item 16. If more space is needed, use the back of this form.

Duties to be performed in new position:

18. Change of Beneficiary: From: Relationship: To: Relationship

Return to Duty from: ☐ Suspension ☐ Military Leave ☐ Leave without Pay

Allocation By

19. Name and Title of Former Incumbent of Position, If any:

20. Names and Titles of Employees doing similar work to the position described above:

21. Signature of Employee: (for Transfer)

22. Signature, Title and Agency of New Appointing Authority: (for Transfer)

23. Signature of Reporting Officer— D. A. Wallace

24. Signature of Appointing Authority— W. Preston Chandler

25. Date of Submission: 5-14-74

26. For Use of Personnel Division — Director of Personnel by: [signature] Date: 5-15 Noted, Roster, by: Date:

F-1130.31

Form PD-4

Payrolls indicating a changed status cannot be processed before approval of this form.

CITY OF MEMPHIS—PERSONNEL DIVISION

CHANGE IN EMPLOYEE STATUS

Submit original and four copies to Personnel Division.

USE THIS FORM TO REPORT OR REQUEST

Return to Duty | Name Change | X Salary Change | Transfer | Demotion | Retirement | Leave of Absence | Lay-Off | Suspension | Dismissal | Death | Resignation | Class Title Change | Certification after Working Test | End of Temporary Appointment

1. Name of Employee: #428-86-3061 McCollough, Marrell (nmn)
2. Present Class Title: Patrolman II (Grade #20)
3. Present Civil Service Status of Employee: ☒ Permanent ☐ Probationary ☐ Emergency ☐ Provisional ☐ Temporary
4. Agency and Organization Unit: Police Dept. #2130 Investig.Services Bur.
5. Pers. Trans. No. 6620
6. Place of Work: Police Dept.
7. Effective Date 7-22-72

All changes in employee status must be explained by suitable entries in the items below. The appointing authority submitting this form must sign in item 24 in every case

Check Action	Substantiating Information for Change
☐ Name Change	8. Change to: Name: By:
☐ Class Title Change	9. Change to: Reason:
☒ Salary Change	10. Present cash rate: $15.00 Month; Present maint. value: ; 11. Proposed cash rate: $20.00, Month; Proposed maint. value: ; 12. Date last sal. change: 6-24-72
☐ Certification After Probation	I certify that the above-named employee has successfully completed his or her working test period, and I recommend that he or she receive full civil service status.
☐ Separation From Pay Roll	Check one: ☐ Death (use items 13, 14, 15) ☐ Dismissal (use items 13, 14, 15, 16) ☐ Layoff (use items 13, 14, 15, 16) ☐ Leave of absence (use items 13, 14, 15, 17) ☐ Resignation (use items 13, 14, 15) ☐ End of Temporary Appointment (use items 14, 15) ☐ Suspension (use items 13, 14, 15, 16, 17) ☐ Retirement (use items 13, 14, 15, 16)

13. TO APPOINTING AUTHORITY: In all cases of Suspension, Dismissal, Lay Off or Retirement, the appointing authority must in cate below the details of and reasons for the action and must notify the employee of the action being taken. No reasons are required f Dismissals during the working test period. In all cases of Death give cause of death below. If more space is needed use the back of t form. In all cases of Resignation or Request for Leave, the employee must give the reasons for the action and sign below.

TO EMPLOYEE: Any regular permanent employee who believes that he has been dismissed without just cause, may, within ten (1 days after such action, request in writing a hearing and the Civil Service Commission shall grant the employee a hearing within fift (15) days after receipt of request.

Increase College Incentive Pay $5.00, per Month, as he has Receive his B. A. Degree.

Employee's signature (for Resignation or Request for Leave)

14. Last day at work:	15. Last day on payroll:	16. Method and date of notice to employee Suspension, Dismissal, Layoff, Retirement	17. Length of Leave or Suspens From To

☐ Transfer
☐ Demotion

To initiate a Transfer or Demotion, describe the position to be filled in the space below and fill in items 19 and In all cases of Transfer, obtain the necessary signatures in items 21 and 22. In all cases of Demotion, give reasons therefor in the space ABOVE under separations and fill in item 16. If more space is needed, use the of this form.

Duties to be performed in new position:

18. Change of Beneficiary: From: Relationship: To: Relationship

Return to Duty from: ☐ Suspension ☐ Military Leave ☐ Leave without Pay

Allocation By

19. Name and Title of Former Incumbent of Position, if any:

20. Names and Titles of Employees doing similar work to the positi scribed above:

21. Signature of Employee: (for Transfer)

22. Signature, Title and Agency of New Appointing Authority: (f Transfer)

23. Signature of Reporting Officer: William O. Robinson

24. Signature of Appointing Authority— Bill Gibbons

25. Date of Submi 7-20-72

For Use of Personnel Division

Director of Personnel by: MK

Date: 7/25

Noted, Roster, by:

Henry R. Evans

P-1120.XI

Form PD-4

Payrolls indicating a changed status cannot be processed before approval of this form.

CITY OF MEMPHIS—PERSONNEL DIVISION

CHANGE IN EMPLOYEE STATUS

Submit original and four copies to the Personnel Division.

USE THIS FORM TO REPORT OR REQUEST

Return to Duty | Name Change | Salary Change | Transfer | Demotion | Retirement | Leave of Absence | Lay-Off | Suspension | Dismissal | Death | X Resignation | Class Title Change | Certification after Working Te | End of Temporary Appointmer

1. Name of Employee	2. Present Class Title:	Present Civil Service Status of Employee
#428-86-3061 McCollough, Marrell (nmn)	Patrolman II (Grade #20)	X Permanent ☐ Emergency ☐ Provisional ☐ Probationary ☐ Temporary

4. Agency and Organization Unit:	5. Pers. Trans. No.	6. Place of Work:	7. Effective Da
Police Dept. #2130 Criminal Investig. Bureau	7889	Police Dept.	6-14-74

All changes in employee status must be explained by suitable entries in the items below. The appointing au- thority submitting this form must sign in item 24 in every case

Check Action	Substantiating Information for Change
☐ Name Change	8. Change to: Name By:
☐ Class Title Change	9. Change to: Reason:
☐ Salary Change	10. Present cash rate: / Present maint. value: / 11. Proposed cash rate: / Proposed maint. value: / 12. Date last sal. chan
☐ Certification After Probation	I certify that the above-named employee has successfully completed his or her working test period, and I recommer that he or she receive full civil service status.
X Separation From Pay Roll	Check one: ☐ Death (use items 13, 14, 15) ☐ Dismissal (use items 13, 14, 15, 16) ☐ Layoff (use items 13, 14, 15, 16) ☐ Leave of absence (use items 13, 14, 15, 17) X Resignation (use items 13, 14, 15) ☐ End of Temporary Appointment (use items 14, 15) ☐ Suspension (use it 13, 14, 15, 16, 17 ☐ Retirement (use it 13, 14, 15, 16)

13. TO APPOINTING AUTHORITY: In all cases of Suspension, Dismissal, Lay Off or Retirement, the appointing authority must s cate below the details of and reasons for the action and must notify the employee of the action being taken. No reasons are required Dismissals during the working test period. In all cases of Death give cause of death below. If more space is needed use the back of form. In all cases of Resignation or Request for Leave, the employee must give the reasons for the action and sign below.

TO EMPLOYEE: Any regular permanent employee who believes that he has been dismissed without just cause, may, within ten (days after such action, request in writing a hearing and the Civil Service Commission shall grant the employee a hearing within fif (15) days after receipt of request. RESIGNED TO ACCEPT JOB AS SECURITY OFFICER IN WASHINGTON.

*PAY ALL DUE ON PAYROLL PERIOD #11, WHICH IS AS FOLLOWS:
HOLIDAY PAY: 16 HRS.
REGULAR TIME: 16 HRS.
*TOTAL OF 211 HRS.
VACATION PAY: 80 HRS.
ACCRUED VACATION: 40 HRS.
ACCUMULATED TIME: 59 HRS. --→TOTAL 211 HRS.

Employee's signature (for Resigna

14. Last day at work:	15. Last day on payroll:	16. Method and date of notice to employee Suspension, Dismissal, Layoff, Retirement	17. Length of Leave or Suspe
5-12-74	6-13-74		From To

☐ Transfer
☐ Demotion

To initiate a Transfer or Demotion, describe the position to be filled in the space below and fill in items 19 a In all cases of Transfer, obtain the necessary signatures in items 21 and 22. In all cases of Demotion, gi reasons therefor in the space ABOVE under separations and fill in item 16. If more space is needed, use th of this form.

Duties to be performed in new position:

18. Change of Beneficiary: From: Relationship: To: Relationship

Return to Duty from: ☐ Suspension ☐ Military Leave ☐ Leave without Pay

Allocation By

19. Name and Title of Former Incumbent of Position, if any:

20. Names and Titles of Employees doing similar work to the posi scribed above:

21. Signature of Employee: (for Transfer)

22. Signature, Title and Agency of New Appointing Authority: (Transfer)

23. Signature of Reporting Officer— J. L. Wallace

24. Signature of Appointing Authority—

25. Date of Subm 5-14-74

26. For Use of Personnel Division

Director of Personnel by:

Date: 5-15

Noted, Roster, by: